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| <b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b><br><br><small>Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,<br/>provides for continued examination of an utility or plant application<br/>filed on or after June 8, 1995.<br/>See The American Inventors Protection Act of 1999 (AIPA).</small> | Application Number   | 10/731,137          |
|   | Filing Date*         | December 10, 2003   |
|   | First Named Inventor | Yi-Cheng YUAN et al |
|   | Group Art Unit       | 3679                |
|   | Examiner Name        | M. Ferguson         |
|   | Attorney Docket No.  | YUAN3008/BEU        |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. **The Amendment/Reply filed on (date): FILED CONCURRENTLY HEREWITH**
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The arguments in the Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:

☒ 2. **A One-month Petition for Extension of Time is filed herewith.**

☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.

☒ 4. **A check in the amount of \$910 (\$790 - RCE/\$120 - petition fee) is submitted herewith.**

☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.

☐ 6. Other:

|   |  |                   |  |  |  |  |          |
|---|--|-------------------|--|--|--|--|----------|
| THE RCE FEE IS CALCULATED AS FOLLOWS:                   |  |                   |  |  |  | Basic Fee:                               | \$790.00 |
| Total Claims:   |  | -                 |  | (highest number previously paid for) = |  | X \$50 =                                 |          |
| Independent Claims:                                     |  | -                 |  | (highest number previously paid for) = |  | X \$200 =                                |          |
| Correspondence Address:<br><br>23364<br>Customer Number |  |                   |  |  |  | Multiple Dependent Claim (add \$360.00): |          |
|   |  |                   |  |  |  | Subtotal:                                | \$790.00 |
|   |  |                   |  |  |  | 50% Reduction if Small Entity Status:    |          |
| Phone: 703-683-0500 Fax: 703-683-1080                   |  |                   |  |  |  | Total:                                   | \$790.00 |
| Date:   |  | Name:             |  | Signature:                             |  | Reg. No.                                 |          |
| December 8, 2005  |  | Benjamin E. Urcia |  |  |  | 33,805                                   |          |

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